

Authorisation #: \_\_\_\_\_



**ESTIMATED**  
**Statement of Income and Expenditure**  
**from External Fundraising Activities**

*(As required by the Charitable Fundraising Act 1991)*

Hospital: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Name/Type of Fundraising Activity: \_\_\_\_\_

Proceeds to be donated to (Specify the Hospital/Department/Ward/Unit):  
\_\_\_\_\_

	<b>ESTIMATED</b> <b>(Complete pre event)</b>	<b>ACTUAL</b> <b>(Complete post event)</b>
<b>INCOME</b>	\$	\$
Sponsorship		
Raffle		
Sales		
Food		
Beverages		
Others (please specify)		
<b>Total Income</b>		
<b>EXPENSES</b>	\$	\$
Food		
Beverages		
Printing/Stationery		
Postage		
Venue Hire		
Advertising		
Cost of goods and materials		
Raffle Costs		
Other (please specify)		
<b>Total Expenses</b>		
<b>Income - Expenses = TOTAL DONATION</b>	\$	

**Please attach all relevant documents and information required as listed in  
the 'Guidelines and Procedures for External Fundraising'**

**Statement of Income and Expenditure prepared by:**

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Applicant's Signature

Date

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Applicant's Name

**Please complete, attach to the 'External Fundraising Application Form' and forwarded to:**

Corporate Communications

PO Box 239

Port Kembla NSW 2505

Phone: 4221 6859

Fax: 4221 6868

Email: [ISLHD-Communications@health.nsw.gov.au](mailto:ISLHD-Communications@health.nsw.gov.au)